UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

# NOTICE OF ALLOWANCE AND FEE(S) DUE

21171

7590

12/26/2006

STAAS & HALSEY LLP SUITE 700 1201 NEW YORK AVENUE, N.W. WASHINGTON, DC 20005 EXAMINER

ABEBE, DANIEL DEMELASH

ART UNIT PAPER NUMBER

2626

DATE MAILED: 12/26/2006

| 1 | APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|---|-----------------|-------------|----------------------|---------------------|------------------|
|   | 09/752.465      | 01/03/2001  | Satoshi Kasai        | 1046.1230(JDH)      | 1566             |

TITLE OF INVENTION: RELAY DEVICE, SERVER DEVICE, TERMINAL DEVICE, AND TRANSLATION SERVER SYSTEM UTILIZING THESE DEVICES

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 03/26/2007 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN <u>THREE MONTHS</u> FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. <u>THIS STATUTORY PERIOD CANNOT BE EXTENDED</u>. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

- A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.
- B. If the status above is to be removed, check box 5b on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.
- II. PART B FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless correcte maintenance fee notifical                                                                                                                                                                                                                                                          | ed below or directed oth                                                                                       | ng the Patent, advance of<br>acrwise in Block I, by (a                                                               | rders and notification a) specifying a new c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of m                                                                                                                                                                                                                                                                            | aintenance fees wil<br>condence address; 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This<br>rs. Each additional i                                                               | certifi<br>paper,                     | cate cannot be used for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | domestic mailings of the or any other accompanying t or formal drawing, must                                                        |
| 21171                                                                                                                                                                                                                                                                                                                                 | 7590 12/26                                                                                                     | /2006                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| STAAS & HAI<br>SUITE 700<br>1201 NEW YOR                                                                                                                                                                                                                                                                                              | LSEY LLP<br>RK AVENUE, N.W                                                                                     |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | I here<br>State<br>addre<br>trans                                                                                                                                                                                                                                               | cby certify that this s Postal Service wit essed to the Mail Smitted to the USPTO                           | Fec(s<br>h suff<br>Stop I<br>O (571   | Transmittal is being icient postage for first SSUE FEE address (2) 273-2885, on the date of the date o | deposited with the United class mail in an envelope above, or being facsimile te indicated below.                                   |
| WASHINGTON                                                                                                                                                                                                                                                                                                                            | , DC 20005                                                                                                     |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 | - 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| APPLICATION NO.                                                                                                                                                                                                                                                                                                                       | FILING DATE                                                                                                    |                                                                                                                      | FIRST NAMED INVEN                                                                                                                                                                                                                                                                                                                                                                                                                                      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                                                                             | CONFIRMATION NO.                                                                                                                    |
| 09/752,465                                                                                                                                                                                                                                                                                                                            | 01/03/2001                                                                                                     | <u> </u>                                                                                                             | Satoshi Kasai                                                                                                                                                                                                                                                                                                                                                                                                                                          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| FITLE OF INVENTION<br>DEVICES                                                                                                                                                                                                                                                                                                         | i: RELAY DEVICE, SE                                                                                            | ERVER DEVICE, TERM                                                                                                   | INAL DEVICE, ANI                                                                                                                                                                                                                                                                                                                                                                                                                                       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| APPLN. TYPE                                                                                                                                                                                                                                                                                                                           | SMALL ENTITY                                                                                                   | ISSUE FEE DUE                                                                                                        | PUBLICATION FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OUE                                                                                                                                                                                                                                                                             | PREV. PAID ISSUE                                                                                            | FEE                                   | TOTAL FEE(S) DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DATE DUE                                                                                                                            |
| nonprovisional                                                                                                                                                                                                                                                                                                                        | NO                                                                                                             | \$1400                                                                                                               | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                  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                                                                             | 03/26/2007                                                                                                                          |
| EXAM                                                                                                                                                                                                                                                                                                                                  | INER                                                                                                           | ART UNIT                                                                                                             | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                         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| ABEBE, DANIE                                                                                                                                                                                                                                                                                                                          | EL DEMELASH                                                                                                    | 2626 .                                                                                                               | 704-003000                                                                                                                                                                                                                                                                                                                                                                                                                                             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| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |                                                                                                                |                                                                                                                      | (1) the names of or agents OR, after (2) the name of a registered attorney 2 registered patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rinting on the patent front page, list  names of up to 3 registered patent attorneys ats OR, alternatively,  name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed. |                                                                                                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                     |
| PLEASE NOTE: Unl<br>recordation as set fort<br>(A) NAME OF ASSIG                                                                                                                                                                                                                                                                      | ess an assignee is ident<br>h in 37 CFR 3.11. Comp<br>GNEE                                                     | oletion of this form is NO                                                                                           | data will appear on t<br>T a substitute for filin<br>(B) RESIDENCE: (6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | he pa<br>g an a<br>CITY                                                                                                                                                                                                                                                         | tent. If an assigned<br>ssignment.<br>and STATE OR CC                                                       | UNT                                   | RY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | cument has been filed for                                                                                                           |
| Please check the appropr                                                                                                                                                                                                                                                                                                              | iate assignee category or                                                                                      | categories (will not be pr                                                                                           | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                 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                                                                             | up entity Government                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                       | are submitted: lo small entity discount p                                                                      | permitted)                                                                                                           | ☐ A check is enclosed.☐ Payment by cred.☐ The Director is he                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | sed.<br>it care                                                                                                                                                                                                                                                                 | I. Form PTO-2038 authorized to charge                                                                       | is attac                              | equired fec(s), any def                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                       | s SMALL ENTITY state                                                                                           | us. See 37 CFR 1.27.                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                 |                                                                                                             |                                       | 'ITY status. See 37 CF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                     |
| NOTE: The Issue Fee an interest as shown by the                                                                                                                                                                                                                                                                                       | d Publication Fee (if req                                                                                      | uired) will not be accepte                                                                                           | d from anyone other to Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | han th                                                                                                                                                                                                                                                                          | e applicant; a regist                                                                                       | ered a                                | ttorney or agent; or th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e assignee or other party in                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Typed or printed name                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| This collection of inform<br>an application. Confiden<br>submitting the completed<br>this form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223                                                                                                                                                                 | tiality is governed by 35<br>d application form to the<br>ions for reducing this bu<br>'irginia 22313-1450. DC | CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR | on is required to obtain 1.14. This collection of depending upon the centre of the complete of | n or re<br>is esti<br>indivi<br>Office<br>IS TO                                                                                                                                                                                                                                 | ctain a benefit by the<br>mated to take 12 m<br>dual case. Any con<br>r, U.S. Patent and T<br>THIS ADDRESS. | publinutes<br>iments<br>radem<br>SENE | ic which is to file (and to complete, including s on the amount of tin ark Office, U.S. Depa D TO: Commissioner f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | by the USPTO to process) g gathering, preparing, and ne you require to complete rument of Commerce, P.O. or Patents, P.O. Box 1450, |

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## United States Patent and Trademark Office

UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450

| APPLICATION NO.                | CATION NO. FILING DATE FIRST NAMED INVENTOR |               | ATTORNEY DOCKET NO.             | O. CONFIRMATION NO. |  |  |  |
|--------------------------------|---------------------------------------------|---------------|---------------------------------|---------------------|--|--|--|
| 09/752,465                     | 01/03/2001                                  | Satoshi Kasai | 1046.1230(JDH)                  | 1566                |  |  |  |
| 21171 75                       | 590 12/26/2006                              |               | EXAMINER                        |                     |  |  |  |
| STAAS & HALS                   | SEY LLP                                     |               | ABEBE, DANIEL DEMELASH          |                     |  |  |  |
| SUITE 700                      |                                             | ART UNIT      | PAPER NUMBER                    |                     |  |  |  |
| 1201 NEW YORK<br>WASHINGTON, I |                                             |               | 2626<br>DATE MAILED: 12/26/2000 | 6                   |  |  |  |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 779 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 779 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 (571)-272-4200.